

EXHIBIT MR 4

MARIA T. PETER



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 5150 CHRB, Saipan, MP 96950

NOTIFICATION OF PERSONNEL ACTION

CSC-P-02 (Revised 01/13/93)

1. NAME: (CAPS) Last - First - Middle PETER, MARIA T.		Mr. Mrs. Miss (MRS.)	2. CITIZENSHIP U.S.	3. SERVICE COMP DATE	4. BIRTH DATE Month Day Year 12 06 48
5. SOCIAL SECURITY No. 586-10-8162/75903	6. GROUP LIFE INSURANCE Covered		7. HEALTH INSURANCE: Code No. _____ Waived		
8. NATURE OF ACTION: Resignation				9. EFFECTIVE DATE Month Day Year 01 07 94	
10. FROM: POSITION TITLE & NUMBER Special Assistant for Women's Affairs		11. PAY LEVEL/STEP Ungraded		12. SALARY BI-WEEKLY : \$1,661.54 PER ANNUM : \$43,200.00	
13. NAME & LOCATION OF EMPLOYING OFFICE: Office of the Governor, Women's Affairs Office				14. DUTY STATION Saipan	
15. TO: POSITION TITLE & NUMBER		16. PAY LEVEL/STEP		17. SALARY BI-WEEKLY : PER ANNUM :	
18. NAME & LOCATION OF EMPLOYING OFFICE:				19. DUTY STATION	
20. ELIGIBLE FOR LEAVE ACCRUAL: <input checked="" type="checkbox"/> ANNUAL NO. OF HOURS PER PAY PERIOD 08 <input checked="" type="checkbox"/> SICK NO. OF HOURS PER PAY PERIOD 04					
21. ACCOUNT CHARGEABLE: 1030-6111		22. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> CNMI Retirement <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Other <input type="checkbox"/>			

23. REMARKS:

Ref: CSC-P-1, Part III dated 01/07/94.

Entitled for lump sum payment of all unused Annual Leave. Sick leave balance will be kept in employee's leave record for a period of three (03) years effective from the date of resignation.

DISTRIBUTION:

1. Employee - White
2. Personnel - Green
3. Payroll - Yellow
4. Department Head - Pink
5. Budget - Golden Rod

ENTERED 29 MAR 1994

SIGNATURE:

Norbert S. Sablan

NORBERT S. SABLAN

PERSONNEL OFFICER

2/01/94

DATE



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 5150 CHRB, Saipan, MP 96950

NOTIFICATION OF PERSONNEL ACTION

CSC-P-02 (Revised 01/13/93)

1. NAME: (CAPS) Last - First - Middle PETER, MARIA T.		Mr. Mrs. Miss (MRS.)	2. CITIZENSHIP U.S.	3. SERVICE COMP DATE	4. BIRTH DATE Month Day Year 12 06 48
5. SOCIAL SECURITY No. 586-10-8162/75903	6. GROUP LIFE INSURANCE Covered		7. HEALTH INSURANCE: Code No. _____ Waived		
8. NATURE OF ACTION: CONVERSION					9. EFFECTIVE DATE Month Day Year 07 01 93
10. FROM: POSITION TITLE & NUMBER "Acting" Special Assistant for Women's Affairs			11. PAY LEVEL/STEP Ungraded	12. SALARY BI-WEEKLY : \$1,661.54 PER ANNUM : \$43,200.00	
13. NAME & LOCATION OF EMPLOYING OFFICE: Office of The Governor, Women's Affairs Office			14. DUTY STATION Saipan		
15. TO: POSITION TITLE & NUMBER Special Assistant for Women's Affairs			16. PAY LEVEL/STEP Ungraded	17. SALARY BI-WEEKLY : \$1,661.54 PER ANNUM : \$43,200.00	
18. NAME & LOCATION OF EMPLOYING OFFICE: Office of the Governor, Women's Affairs Office			19. DUTY STATION Saipan		
20. ELIGIBLE FOR LEAVE ACCRUAL:					
<input checked="" type="checkbox"/> ANNUAL		NO. OF HOURS PER PAY PERIOD 08		<input checked="" type="checkbox"/> SICK	
				NO. OF HOURS PER PAY PERIOD 04	
21. ACCOUNT CHARGEABLE: 1030-6111		22. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> CNMI Retirement <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Other <input type="checkbox"/>			
23. REMARKS: Conversion to Special Assistant for Women's Affairs per Governor's memo dated 06/09/93.					

DISTRIBUTION:
1. Employee - White
2. Personnel - Green
3. Payroll - Yellow
4. Department Head - Pink
5. Budget - Golden Rod

ENTERED 28 JUL 1993

SIGNATURE:

Norbert S. Sablan
NORBERT S. SABLAN
PERSONNEL OFFICER

7/26/93
DATE